

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	15						TOTAL DEP.			
TOTAL CLAIMS	16						TOTAL CLAIMS			